

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Petition for  
Reinstatement of:**

**Hrayr Karnig Shahinian, M.D.**

**Physician's and Surgeon's  
Certificate No. A 60898**

**Petitioner.**

**Case No. 800-2020-066293**

**DECISION**

**The attached Proposed Decision is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on October 23, 2020.**

**IT IS SO ORDERED: September 24, 2020.**

**MEDICAL BOARD OF CALIFORNIA**



**Kristina D. Lawson, J.D., Chair  
Panel B**

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Petition for Reinstatement of:**

**HRAYR KARNIG SHAHINIAN, Petitioner**

**Agency Case No. 800-2020-066293**

**OAH No. 2020060461**

**PROPOSED DECISION**

Julie Cabos-Owen, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter by video-conference on July 30, 2020. Hrayr Karnig Shahinian (Petitioner) appeared and was represented by Becky James, Attorney at Law. Pursuant to the provisions of Government Code Section 11522, Rebecca L. Smith, Deputy Attorney General, represented the Attorney General of the State of California.

Testimony and documentary evidence was received. The record was closed and the matter was submitted for decision on July 30, 2020.

## FACTUAL FINDINGS

1. Petitioner was previously the holder of Physician and Surgeon's Certificate (license) Number A 60898, issued by the Medical Board of California (Board) on September 18, 1996.

2. In a Decision and Order (Revocation Order), effective September 9, 2016, the Board revoked Petitioner's medical license.

3. The Accusation giving rise to the Revocation Order was triggered by the judgment in a malpractice action against Respondent brought by Patient G.R.<sup>1</sup> (*G.R., et al. v. Brotman Medical Center, et al.*, Super. Ct. Los Angeles County, 2010, No. BC362005) (malpractice case). The malpractice case was decided by non-jury trial, after which the Los Angeles County Superior Court judge rendered a written decision.

4. Both the decision in the malpractice case and the Revocation Order were based on a March 2006 surgery that Petitioner performed to remove a tumor, called an acoustic neuroma, from the left auditory canal of patient G.R., who was already deaf in his right ear. Both the decision in the malpractice case and the Revocation Order determined that: (1) during the surgery, Petitioner removed tissue he believed to be the tumor, but later realized he had mistakenly removed tissue other than the tumor; (2) a post-operative MRI showed the tumor still present; (3) a pathology report of the tissue Petitioner removed during the surgery stated, "No tumor seen," indicating Petitioner had not removed the tumor; and (4) several months after Petitioner

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<sup>1</sup> The patient's and his wife's initials are used herein to protect their privacy.

operated on G.R., two other physicians performed a second surgery and successfully removed the targeted tumor. The second operation eliminated G.R.'s hearing on his left side, rendering G.R. completely deaf.

5. In 2010, following the bench trial in the malpractice case, the Los Angeles Superior Court judge issued a statement of decision finding, among other things, clear and convincing evidence established Petitioner had engaged in fraud as follows:

[Petitioner] knew he had failed to remove the tumor and actively tried to hide that fact from the [G.R. and his wife].

[¶] The post-operative MRI showed that the same tumor which [Petitioner] said he had removed was, in fact, still present. . . . The preoperative and postoperative MRI's were identical, even from a cursory, lay person's view. No competent physician would have come to any conclusion other than the tumor was still present post surgery. . . .

[W]ithin a few days of surgery, [Petitioner] received the pathology report that showed that no tumor had been removed during his surgery upon [G.R.]. . . Despite the receipt of such report, [Petitioner] did not take any action. In other words, soon after the surgery [Petitioner] had both an MRI and a pathology report available which showed that the surgery was an abject failure. He did not communicate this information to [G.R. and his wife]. . . .

[G.R.'s wife] called [Petitioner's office] . . . requesting a copy of [G.R.'s] medical records to keep in their files at home. At

the end of March, 2006, [G.R. and his wife] received two separate envelopes, each of which contained a pathology report. One pathology report provided that there were "no features of acoustic neuroma" seen in the specimen. . . . The other, nearly identical, pathology report contained what appeared to have a whited out section followed by, "features of acoustic neuroma seen." The "no" language was whited out intentionally from the second report before being sent to [G.R. and his wife]. Thus, one report indicated that pathology showed a tumor removed, and the other showed no evidence of a tumor. . . . The court finds that the falsified report with the whited out section was sent either by [Petitioner] or at his direction. . . . No one besides [Petitioner] would benefit from or had the motivation to falsifying the pathology report to hide the fact that he had failed to remove the tumor during surgery. . . . [Petitioner] engaged in a series of acts all designed to hide and secrete from [G.R.] the fact that [Petitioner] had failed to remove the tumor during the March 2, 2006 surgery.

(Exhibit 6, pp. 5-6.)

6. In 2012, the judgment in the malpractice case was affirmed on appeal by the Second District Court of Appeal in an unpublished decision. (Second Dist. Case No. B225675.) The appellate court found there was sufficient evidence in the record to uphold the finding of fraud.

7. In 2016, the Revocation Order gave collateral estoppel effect to the fraud findings in the malpractice case. The Revocation Order specifically found: "[Petitioner] is estopped to deny that shortly after the surgery he knew the tumor had not been removed, that he intentionally misrepresented to G.R. and [G.R.'s wife,] L.R. that he had successfully removed the tumor, and that he sent G.R. and L.R. the falsified pathology report or caused it to be sent to them." (Exhibit 5, p. 9.)

8A. In addition to the finding that Petitioner engaged in fraudulent and dishonest acts as noted above, the Revocation Order concluded that Petitioner engaged in gross negligence in his care and treatment of patient, G.R.: "by failing to identify radiographical/clinical correlation inconsistency during the operation and erroneously concluding that he had removed G.R.'s acoustic neuroma" (Exhibit 5, p. 20.); and "by failing to communicate to G.R. and L.R. the evidence of his failure to remove the tumor when that information became available to [Petitioner]" (*Ibid*).

8B. The Revocation Order also found that Petitioner engaged in repeated acts of negligence by: "inaccurately documenting a physical examination of G.R. on February 16, 2006; providing an incomplete and inaccurate characterization of alternative options of treatment for an acoustic neuroma in the process of obtaining G.R.'s informed consent for surgery; failing to identify radiographical/clinical correlation inconsistency during the operation and erroneously concluding that he had removed G.R.'s acoustic neuroma; failing to recognize the remaining tumor on post-operative imaging; failing to document in the operative note the pathologic specimens that were obtained during surgery and sent for analysis; failing to communicate to G.R. and L.R. the evidence of his failure to remove the tumor when that evidence became available to [Petitioner]; and promulgating advertising and communicating information to his

patient that was untrue or misleading by overstating his training and qualifications to perform G.R.'s acoustic neuroma surgery." (Exhibit 5, p. 20.)

8C. The Revocation Order additionally concluded that Petitioner engaged in "false and misleading advertising by promulgating advertising on his website and making statements to his patient that were untrue or misleading, and overstating his training and qualifications to perform G.R.'s acoustic neuroma surgery." (Exhibit 5, p. 21.)

8D. The Revocation Order further found that Petitioner failed to maintain adequate and accurate records relating to the provision of services to G.R. (Exhibit 5, p. 21.)

9. In coming to the conclusion that Petitioner had deviated from the standard of care, the Revocation Order rejected Petitioner's assertion that the community of neurosurgeons was conspiring against him. Specifically, the Revocation Order stated:

[T]he existence of a conspiracy of neurosurgeons was not established by the evidence. On the contrary, [Petitioner's] expert witnesses testified that, although [Petitioner] is an excellent surgeon, his fully endoscopic procedure is not generally accepted practice and their hospitals would not permit such surgery without the presence of a neuro-otologist or neurosurgeon. This further calls into question whether [Petitioner] met the standard of care in this case.

(Exhibit 5, p. 18.)

10. The Revocation Order also found Petitioner failed to take responsibility for his actions, thus hindering his rehabilitation and warranting license revocation. The Revocation Order stated:

This matter involves more than an outcome for one patient. All else aside, the facts established by collateral estoppel alone warrant revocation for the protection of the public. [Petitioner's] continued practice at this time, after failing to acknowledge what he was found to have done wrong, creates a further risk to the public. The admissible evidence presented in this matter, and the facts [Petitioner] is collaterally estopped to deny, establish that [Petitioner] has not taken full responsibility for his acts.

(Exhibit 5, p. 19.)

11. Following the Revocation Order, Petitioner filed a Petition for Writ of Mandate in the Sacramento Superior Court challenging the Board's revocation of his license. (Sup. Ct., County of Sacramento, No. 34-2016-80002432.)

12. While the Sacramento Petition for Writ of Mandate was pending, Petitioner also filed a petition for writ of error coram nobis in the Los Angeles Superior Court (Case No. BC362005), seeking to vacate or modify the judgment in the malpractice case. Petitioner's efforts to vacate the judgment were ultimately unsuccessful. (See Factual Finding 13B, below.)

13A. On August 6, 2019, the Sacramento Superior Court denied Petitioner's Petition for Writ of Mandate.



13B. In its Order After Hearing on Petition for Writ of Mandate, the Sacramento Superior Court noted Petitioner's efforts to overturn the judgment in the malpractice case as follows:

In November 2016, several months after this [Sacramento Petition for Writ of Mandate] was filed, and over six years after the [malpractice case] decision was entered and four years after it was upheld on appeal, [Petitioner] filed a petition for writ of error coram nobis in the [malpractice] case seeking to vacate or modify the judgment. A writ of coram nobis is a "drastic remedy" that "is used to secure relief, in the same court in which a judgment was entered, from an error of fact alleged to have occurred at trial." (*In re Rachel M.* (2003) 113 Cal.App.4 1289, 1296; *Betz v. Pankow* (1993) 16 Cal.App.4 931, 941, fn. 5.) Indeed, the judge who decided the coram nobis petition described it as "a last ditch effort by a defendant who seeks to attack a final judgment where new evidence is discovered [that] was not presented at trial or post-trial motions." [Citation.] In this case, the last ditch effort worked - but only temporarily. In mid-2017, the Los Angeles County Superior Court granted [Petitioner's] petition for a writ of error coram nobis, vacated the judgment in favor of [G.R. and L.R.], and entered a new judgment in favor of [Petitioner]. The Board filed an appeal in the [malpractice] case, and the appellate court reversed. (See [*G.R.*] *v. Shahinian*, 2018 Cal. App.

Unpub. LEXIS 6274 (Cal. App. 2nd Dist., Sept. 13, 2018 [No. B284153, appeal from Los Angeles County Super. Ct. Case No. BC362005].) The appellate court's reasoning is not relevant. It is sufficient to note that the effect of its decision was to reinstate the 2010 statement of decision and judgment in the [malpractice] case.

(Exhibit 6, p. 9.)<sup>2</sup>

13C. In denying the Petition for Writ of Mandate, the Sacramento Superior Court noted the fraud findings in the malpractice action and the Board's application of collateral estoppel in making its fraud findings, which the court deemed appropriate. The Sacramento Superior Court noted:

Of the Board's 62 numbered factual findings, however, most are not based on either the [malpractice] decision or the collateral estoppel ruling. Importantly, the Board did not rely on the [malpractice] decision to establish that [Petitioner] was negligent. Instead, extensive evidence on that issue was introduced at the hearing, including testimony from [Petitioner] and three experts (one for the Board and two for [Petitioner]). Based on that evidence, the

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<sup>2</sup> On December 12, 2018, in Case No. S252118, the California Supreme Court denied review of the Court of Appeal decision in Case No. B284153.

Board found that [Petitioner] was negligent in his care and treatment of [G.R.] in several respects. One of its key findings was that [Petitioner] was grossly negligent because he erroneously concluded he had removed [G.R.'s] tumor when, in fact, he had not.

(Exhibit 6, p. 8.)

14. Petitioner filed an appeal of the Sacramento Superior Court's denial of his Petition for Writ of Mandate. On January 24, 2020, the court of appeal denied his petition. (Denial of Petition for Writ of Mandate, California Court of Appeal, Third Appellate Division, Case No. C090340 [challenging Sacramento Superior Court Judgment Denying Petition for Writ of Mandate in Sacramento Superior Court Case No. 34-2016-80002432].) On April 15, 2020, the California Supreme Court denied Petitioner's Petition for Review. (Denial of Petition for Review, California Supreme Court, Case No. S260470 [challenging Appellate Court Denial of Petition for Writ of Mandate in Case No. C090340].)

15. On April 10, 2020, Petitioner signed and subsequently filed his Petition for Reinstatement of Revoked Certificate (Petition).

16. At the administrative hearing, Petitioner's demeanor was self-assured and he testified in a resolute manner. During direct examination, he read steadily from a written statement. However, on cross-examination, he became defensive and reticent to answer, responding several times that he had already addressed the posed question in his earlier statement.

17. Petitioner noted that he was a medical doctor for the past 35 years, and he testified that, "for the past 25 years [he] had the privilege to create and develop an international endoscopic brain surgery program that was the envy of organized neurosurgery." He stated that he treated "more than 7,400 patients from all over the world."

18. Petitioner maintained that, "for 21 years prior to the isolated incident where [he] made a mistake and statements that turned out to be incorrect," there was "no single blemish on [his] reputation or [his] practice." He also noted that in the 14 years since the 2006 incident, he suffered no other disciplinary problems.

19A. Petitioner accepted full responsibility only for his faulty record-keeping pertaining to the evaluation dates for G.R. He explained, that his "original sin" was the failure to keep accurate records by "missing a second date on the original consultation." As noted in the Revocation Order:

On or about February 16, 2006, respondent evaluated GR by telephone. After the telephone conversation respondent dictated a consultation note wherein he documented that the patient "was seen" in a surgical consultation to decide whether he was a candidate for endoscopic resection of his tumor. Respondent also documented detailed neurological and physical examinations of GR, all using the date of February 16, when respondent talked to GR on the telephone. Respondent testified that the physical examination information came from documents GR obtained from his Maryland physicians on February 22,

2006, and from respondent's head and neck examination of GR prior to the surgery on February 28, 2006. Respondent testified that his practice at the time was to add entries to his notes but not to date each additional entry. He now uses an electronic medical record system that dates each entry.

(Exhibit 5, p. 7.)

19B. Petitioner maintained he had addressed his documentation issues by the time of the hearing leading to the Revocation Order. At the current hearing, Petitioner attributed his inaccurate documentation to his former use of paper medical records. Petitioner noted that he had routinely used telemedicine for 25 years, and since 90 percent of his patients were from out-of-town, he could not perform the physical examination during the "first half of the consultation" but had to wait until the patient traveled to Los Angeles for surgery to complete the physical examinations. Petitioner explained that his 2006 medical records "were paper records, and [he] could only use the original [consultation] date." This explanation is not logical or credible. Petitioner did not explain why he could not have separately noted the date of the physical examination on the paper records.

20. Petitioner admitted he did not include in his records any informed consent discussion he had with G.R. regarding alternative options for treatment of an acoustic neuroma. Petitioner noted, the "ALJ found [Petitioner] should have included the alternatives in the informed consent document," but Petitioner recalled "that was not [his] practice at the time." However, Petitioner did not indicate that he planned to avoid repeating this inadequate documentation should he obtain re-licensure.

21A. Petitioner accepted responsibility for the negligence and dishonesty that led to the Revocation Order by acknowledging only that he was "the captain of [his] ship."

21B. Petitioner would not admit he was negligent in his care and treatment of G.R. by "failing to identify radiographical/clinical correlation inconsistency during the operation and erroneously concluding that he had removed GR's acoustic neuroma," and by "failing to recognize the remaining tumor on post-operative imaging." (Exhibit 5, p. 20.) Petitioner asserted, "There is a difference between a legal finding and the truth. I stand with the truth. I accept responsibility and the findings, [but that] does not mean I agree with the specifics." Petitioner admitted he made a "mistake" but qualified that admission by asserting that "every other physician who saw this unusual case" made the same mistake. This assertion was not persuasive since the evidence established that the radiologist and the surgeons who eventually removed the acoustic neuroma did not make the same "mistake." (Exhibit 5, pp. 8 & 10.)

21C. Petitioner would not admit that he was negligent in his care and treatment of patient G.R. by "failing to communicate to G.R. and L.R. the evidence of his failure to remove the tumor when that information became available" to Petitioner. (Exhibit 5, p. 20.) Petitioner asserted that, when he became aware of his mistake, he "was restricted" because G.R. had an "attorney involved." Petitioner's assertion is not persuasive. The findings in the Revocation Order determined that Petitioner had knowledge of his mistake before the end of March 2006 through the post-operative MRI and the pathology report. (Exhibit 5, pp. 8 & 9.) This mirrored the finding in the malpractice case that Petitioner had knowledge of the remaining tumor through the post-operative MRI and the pathology report. (Factual Finding 5, above.)

Consequently, there was no evidence that Petitioner's knowledge of the remaining tumor occurred after G.R. retained a malpractice attorney.

21D. Petitioner denied engaging in dishonest acts or false representations by misrepresenting to G.R. that he had successfully removed the tumor and by sending or causing to send to G.R. the fraudulent pathology report. (Exhibit 5, p. 21.) Petitioner noted that there was no finding in the Revocation Order that he personally altered the pathology report, but acknowledged that it "happened under [his] supervision." He blamed the incident on the hospital where the surgery occurred, noting that no pathologists were available on site, requiring specimens to be "sent out" with turnaround times of several days to weeks. He did not adequately explain why the off-site pathology or the long turnaround time resulted in a fraudulent pathology report or what motivation the pathology lab personnel would have for engaging in the fraud.

22. Although Petitioner maintained he "did not cause [G.R.'s] hearing loss," he expressed remorse and acknowledged he was "partially responsible" for the harm to G.R. "many months later" when the other surgeons "plowed through [G.R.'s] cochlea" and rendered him deaf.

23. Petitioner believes he has received "more than enough punishment for the mistakes [he] made 14 years ago," and he would like to return to the practice of medicine. Petitioner noted that he loved practicing medicine "like [he] love[s] [his] children," and that "when you are the best at something, when you lose it, is like losing a child." He assured the Board his prior violations would not occur again.

24. Since the revocation of his license, Petitioner has performed surgeries in multiple locations outside the United States. He asserted that he obtained proper

temporary licensure at the surgery locations, including Cypress (in 2016 and 2017), Belgium (in 2018), and Dubai. It is unclear whether those jurisdictions were aware of Petitioner's California license revocation. Petitioner denied practicing medicine, even telemedicine, in California since his license revocation.

25. Prior to his license revocation, Petitioner worked on a research program with the National Aeronautics and Space Administration (NASA) that was funded by the Skull Base Institute. He continued the NASA research project until recently, when it "came to a halt." In order to conduct the NASA research, Petitioner was required to have a medical license. However, he noted the NASA research project "was prefunded until December 31, 2020," and with the "agreement already in place," he believes he has "until the end of the year" to continue working on the project. At that point, if he has no license and no new agreement, he will be unable to continue the project.

26. Petitioner has been unemployed since September 2016. He pays his living expenses by selling assets he has accumulated over 40 years.

27. In February 2019, Petitioner completed an online continuing medical education (CME) course entitled "A Guide to the Secrets of Never-Sued Physicians." (Exhibit 1; Petitioner's testimony.) In March 2020, Petitioner completed several online CME courses, including courses addressing ethics. (*Ibid.*)

28. Following his license revocation, Petitioner volunteered at his children's schools on several occasions. He has helped coach volleyball and escort students on a class hike. He has also given presentations to students about medicine and engineering.



29. In support of the Petition, Petitioner submitted letters from: the wife of a patient on whom Petitioner performed surgery in Cypress in 2016; the mother of a child on whom Petitioner performed surgery in Cypress in 2017; a patient on whom Petitioner performed surgery in Belgium; the father of the Belgium patient; Naji N. Abumrad, M.D.; and William Chapman, M.D. F.A.C.S.<sup>3</sup>

## LEGAL CONCLUSIONS

1. Petitioner bore the burden of proving both his rehabilitation and his fitness to practice medicine. (*Housman v. Board of Medical Examiners* (1948) 84 Cal.App.2d 308.) The standard of proof is clear and convincing evidence. (*Hippard v. State Bar* (1989) 49 Cal.3d 1084, 1092; *Feinstein v. State Bar* (1952) 39 Cal.2d 541, 546-547.) Petitioner's burden also required a showing that he is no longer deserving of the adverse character judgment associated with the discipline imposed against his certificate. (*Tardiff v. State Bar* (1980) 27 Cal.3d 395, 403.)

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<sup>3</sup> The reference letters were admitted as part of the Petition for jurisdictional purposes only. Despite invitation by the ALJ to do so, the Petition and supporting documents were not offered as direct evidence or as administrative hearsay. Consequently, the contents of the reference letters are not used to establish any factual finding.

2. Business and Professions Code section 2307, subdivision (e), states in pertinent part:

The panel of the division or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. . . .

3A. Until April of 2020, Petitioner was fighting to overturn the Revocation Order, as was his legal right. Consequently, until only recently, Petitioner was unwilling to admit any wrongdoing.

3B. Remorse for one's conduct and the acceptance of responsibility are the cornerstones of rehabilitation. (*In the Matter of Brown* (1993) 2 Cal. State Bar Ct. Rptr. 309.) Fully acknowledging the wrongfulness of past actions is an essential step towards rehabilitation. (See, *Seide v. Committee of Bar Examiners* (1989) 49 Cal.3d 933; *In the Matter of Brown, supra*.)

3C. At hearing, Petitioner failed to fully acknowledge his wrongdoing, characterizing his violations as "the isolated incident where [he] made a mistake and statements that turned out to be incorrect." (Factual Finding 18.) Petitioner accepted full responsibility only for his inaccurate record-keeping in failing to properly document G.R.'s actual examination date, and even that failure he blamed, illogically and incredibly, on his use of paper medical records.

3D. Petitioner sought to portray himself in only the most positive light (e.g., characterizing his endoscopic brain surgery program as "the envy of organized neurosurgery" - Factual Finding 17), while minimizing his egregious violations. He characterized his grossly negligent and erroneous conclusion that he had removed G.R.'s acoustic neuroma as a "mistake," which admission he further qualified by noting that "every other physician who saw this unusual case" made the same mistake. This assertion was not supported by the evidence, and was instead contradicted by factual findings indicating that the radiologist and other surgeons who eventually removed the acoustic neuroma did not make the same mistake. (Factual Findings 21B, 22, and 27.) Additionally, Petitioner's continued characterization of his error as a mere "mistake" was contrary to expert testimony that established Respondent's error as an extreme deviation from the standard of care.

3E. Petitioner grudgingly accepted responsibility for his repeated negligent acts and for his dishonesty that led to the Revocation Order by acknowledging only that he was "the captain of [his] ship." (Factual Finding 21A.) He sought to blame others for causing his errors and false representations (e.g., the hospital and pathology lab for the fraudulent pathology report), and he provided incredible reasons for his violations (e.g., paper records causing his inaccurate documentation; and G.R.'s later retention of a malpractice attorney preventing Petitioner from informing G.R. in March that he had failed to remove the tumor).

3F. It has been over 14 years since Petitioner's 2006 violations and four years since his license revocation. Nevertheless, the passage of time without further violations does not automatically establish Respondent's rehabilitation. Such rehabilitation should be demonstrated through documented efforts and a clear

change in attitude. There was little evidence of Petitioner's rehabilitative activities since his license revocation, other than Petitioner completing online CME courses and volunteering at his children's school. Although he performed surgeries in foreign jurisdictions, the evidence did not establish how he obtained local authorization for performing those surgeries and whether those jurisdictions were aware of his California license revocation. Additionally, although he had continued with his NASA-affiliated research, the evidence was unclear whether a medical license was required during the entire duration of the research project. Given the foregoing, the evidence was insufficient to establish that Respondent has engaged in earnest rehabilitative efforts since his license revocation.

3G. Moreover, external efforts alone do not demonstrate rehabilitation without the requisite internal understanding of the wrongfulness of one's actions, a change in attitude since the wrongdoing, and the formation of a plan to avoid recidivism. In this regard, Petitioner failed to adequately establish rehabilitation. His inability or unwillingness to take full responsibility for his actions creates a continuing risk to the public that he will reoffend since he cannot recognize what he did wrong in order to remedy his actions in the future.

4. Petitioner has failed to sustain his burden of proof that he is rehabilitated and entitled to reinstatement of his physician and surgeon's certificate.

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## ORDER

The petition of Hrayr Karnig Shahinian, M.D., for reinstatement of his physician and surgeon's certificate is denied.

DATE: August 13, 2020

DocuSigned by:  
  
JULIE CABOS-OWEN

Administrative Law Judge

Office of Administrative Hearings